

Name of employer	FEIN		Change of address for employer	
Telephone number of employer ()				
Date of remittance (month, day, year)	Check number			
	1			
Make checks payable to: Indiana State Central Collection Unit				
EMPLOYEE NAME	ISETS CASE NUMBER	EMPLOYEE SSN	CAUSE NUMBER	PAYMENT AMOUNT *
* This field should be calculated based on the current income withholding order and your payroll cycles.			TOTAL AMOUNT	

If you have questions about child support income withholding law, call 1-800-292-0403.

I.C. 31-16-15-16 requires all employers with 50 or more employees and more than one child support obligor/employee to electronically transfer child support payments. For questions concerning electronic transfer of payments, call (317) 232-4893 or (317) 234-1512.